Fiscal Estimate - 2013 Session

| ☑ Original ☐ Updated | Corrected Supp | emental | | | | |
|---|---|--------------------|--|--|--|--|
| LRB Number 13-2848/4 | Introduction Number AB-04 | 04 | | | | |
| Description Examination requirements for various professional credentials and powers of the Board of Nursing | | | | | | |
| Fiscal Effect | | | | | | |
| Appropriations Reve | ase Existing enues Increase Costs - May to absorb within agence enues Increase Costs - May to absorb within agence enues Increase Costs Increase Costs | cy's budget □No | | | | |
| 1. | | | | | | |
| Fund Sources Affected GPR FED PRO PRS SEG SEGS 20.165(1)(g) | | | | | | |
| Agency/Prepared By | Authorized Signature | Date | | | | |
| DSPS/ Michelle Bea Beasley (608) 267-1811 | Greg Gasper (608) 266-8608 | 10/9/2013 | | | | |

Fiscal Estimate Narratives DSPS 10/9/2013

| LRB Number 13-2848/4 | Introduction Number | AB-0404 | Estimate Type | Original | |
|--|---------------------|---------|---------------|----------|--|
| Description | | | | | |
| Examination requirements for various professional credentials and powers of the Board of Nursing | | | | | |

Assumptions Used in Arriving at Fiscal Estimate

According to the Division Administrators and the Budget Director, there will be a state fiscal impact regarding this legislation. There will be costs associated with updating the Department website; making changes to the new OLAS System; increasing file drawers and/or file storage space; and additional hours required for processing applications.

Long-Range Fiscal Implications

Fiscal Estimate Worksheet - 2013 Session

Detailed Estimate of Annual Fiscal Effect

| Original Updated | ☐ Corrected | | | |
|---|---|---|--|--|
| LRB Number 13-2848/4 | Introduction Num | ber AB-0404 | | |
| Description Examination requirements for various profess | | | | |
| l. One-time Costs or Revenue Impacts for annualized fiscal effect): | State and/or Local Governm | ent (do not include in | | |
| II. Annualized Costs: | Annualized Fis | Annualized Fiscal Impact on funds from: | | |
| | Increased Costs | Decreased Costs | | |
| A. State Costs by Category | | | | |
| State Operations - Salaries and Fringes | \$65,000 | \$ | | |
| (FTE Position Changes) | | | | |
| State Operations - Other Costs | 3,000 | | | |
| Local Assistance | | | | |
| Aids to Individuals or Organizations | | | | |
| TOTAL State Costs by Category | \$68,000 | \$ | | |
| B. State Costs by Source of Funds | | | | |
| GPR | | | | |
| FED | | | | |
| PRO/PRS (License Fees) | 68,000 | | | |
| SEG/SEG-S | | | | |
| III. State Revenues - Complete this only w revenues (e.g., tax increase, decrease in l | hen proposal will increase o icense fee, ets.) | or decrease state | | |
| | Increased Rev | Decreased Rev | | |
| GPR Taxes | \$ | \$ | | |
| GPR Earned | | | | |
| FED | | | | |
| PRO/PRS | | | | |
| SEG/SEG-S | | | | |
| TOTAL State Revenues | \$ | \$ | | |
| NET ANNU | ALIZED FISCAL IMPACT | | | |
| | <u>State</u> | <u>Loca</u> | | |
| NET CHANGE IN COSTS | \$68,000 | | | |
| NET CHANGE IN REVENUE | \$ | \$ | | |
| Agency/Prepared By | Authorized Signature | Date | | |
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| | | | | |